



**The Center for
Health Equity**

INTERN AND VOLUNTEER APPLICATION FORM

CIRCLE POSITION SOUGHT: INTERN VOLUNTEER

CONTACT INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

PHONE: _____ (Circle: mobile/work/home)

ARE YOU 18 OR OLDER? YES NO

EMERGENCY CONTACT: _____ **Phone #:** _____

PROGRAM SELECTION

The Louisville Metro Center for Health Equity has several different types of programs and initiatives. Please indicate your preference of the **top three** program areas by numbering **1 to 3** on the list of program areas listed below.

While every effort will be made to match you with CHE staff members working in that area, there are **no** guarantees that exact matches will be made.

For questions or clarification on program type, please contact the Center directly.

_____ Digital Storytelling/PhotoVoice _____ Immigrants and Refugees

_____ Food Access/Justice _____ Community Capacity Building

Health Equity Dialogues Speaker Series

Nutrition & Physical Health

_____ Men's Health _____ Any area needing additional support

Other: _____

Date: _____

Please answer the following question: why do you want to work with the Center for Health Equity?

Have you ever worked at a Metro facility? YES NO
(If yes, which agency? Dates? _____)

Possible work schedule: Please list your hours of availability under the appropriate day of the week. (For example: 9-1, 8-5...etc.)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

FOR STUDENT INTERNS ONLY: You must provide documentation from your school's department/faculty advisor as to the guidelines required of your experience here at the Center. Failure to do so may prevent desired and/or adequate placement.

School & Department: _____

Faculty Advisor: _____

Required guidelines submitted/attached with this application form: YES NO
(If no, provide reason: _____)

--FOR OFFICE USE ONLY--

Interview requested: Yes No Date scheduled: _____

Application **approved:** _____ Program area: _____
(Staff member initial and date)

Start date: _____ End date: _____

Application **denied:** _____ Reason for denial: _____
(Staff member initial and date)

Additional comments: _____

Supervisor approval: _____ Date: _____